

Expanding the Options for Influenza Vaccine: The Use of the Live Attenuated Influenza Vaccine

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Because of recent events resulting in major shortages of influenza vaccine, health care facilities and providers are currently faced with the problem of trying to find enough influenza vaccine to protect patients as well as immunizing staff employees who provide direct patient care. On October 5, 2004, the Centers for Disease Control and Prevention (CDC) issued Interim Recommendations identifying which people are priority groups to receive the limited supplies of influenza vaccine currently available. It was also recently announced that the supply of the live attenuated influenza vaccine (LAIV), trade name FluMist, would be increased, from 1.1 million doses to 3 million doses.

Intranasally administered LAIV should be strongly encouraged to immunize two categories within the CDC-designated priority groups:

- **Health care workers with direct patient contact***
- **Household contacts or caretakers of children less than 6 months of age**

* An exception within the health care worker category is those workers who care for severely immunocompromised patients in stem-cell or bone marrow transplant units – these workers should receive the inactivated influenza vaccine.

Note that LAIV is licensed for use in healthy persons who are aged 5 - 49 years of age and are not pregnant. It should be emphasized that the preferential use of LAIV to immunize some health care workers and some household contacts of young infants will allow more inactivated vaccine to be available to protect elderly patients or those with chronic medical conditions.

When FluMist was first introduced during the 2003-04 influenza season, concern was expressed by CDC about the possible risk of transmission of the attenuated influenza virus from FluMist vaccinees to people with conditions having a lesser degree of immunosuppression (such as persons with diabetes, persons with asthma taking corticosteroids, or persons infected with HIV), thus FluMist was not recommended for their contacts. This position has changed - as noted in the 2004 Advisory Committee on Immunization Practices Recommendations on the Prevention and Control of Influenza (MMWR April 30, 2004) which states that **“No preference exists for using inactivated influenza vaccine (versus LAIV/FluMist) for health-care workers or other persons with close contact with persons who have conditions with lesser degrees of immunosuppression.”** In addition, HCWs can return to work immediately after being vaccinated with FluMist – there is no longer a 7-day time period before patient contact is resumed. Recent discussions with some health care providers have brought to our attention a reluctance to use LAIV/FluMist for vaccinating HCWs, as they were unaware of these changes in recommendations regarding who can receive FluMist.

FluMist requires special storage, with a freezer that will maintain a constant freezer temperature of -15°C (+5°F) or below. *A standard-sized household freezer (frost-free) is not appropriate for storage without a FluMist™ FreezeBox.* The manufacturer will provide this FreezeBox at no charge.